REGISTRATION FORM

Having your neighborhood group registered in our directory is an excellent means of keeping your organization informed of City activities and programs beneficial to neighborhoods. By completing & returning this registration form, your organization will be registered with the City's Housing and Neighborhoods Division distribution for mailings. To register, simply return this completed form via mail or fax to:

City of Riverside
Development Department – Housing & Neighborhoods Division, 3900 Main Street, 5th floor, Riverside, CA 92522
Phone: (951) 826-5195, FAX: (951) 826-2233

Registering with Neighborhood Programs is voluntary – all information provided about your group is voluntary
City of Riverside does not endorse or legitimize any organization registered with the Neighborhoods Program

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Please check the reason/s for sending in this form:

__First-time organization registration   __Update a previously registered organization

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Organization Name: _____
Mailing Address: _____
Telephone: _____   e-mail: _____   Web Site: _____

Neighborhood Boundaries: Please provide the names of major streets, landmarks, or subdivisions that form the boundaries of your community. If necessary, you may include a map of the area with the boundaries marked.

North Boundary: _____   South Boundary: _____
East Boundary: _____   West Boundary: _____

Ward: _____   Neighborhood: _____   Number of households included in your group ___

IMPORTANT INFORMATION! PLEASE READ AND COMPLETE THIS NEXT PORTION!

This document is provided as a public service through the Housing and Neighborhoods Division of the Development Department.

PLEASE BE AWARE THAT THIS INFORMATION IS AVAILBLE TO THE PUBLIC. IF YOUR INFORMATION IS PROTECTED LEGALLY BY STATE STATUE, PLEASE DO NOT COMLETE THIS FORM!

Please indicate whether it is permissible to share your group's information with individuals wishing to join a group or learn how to form a neighborhood group.

__**Yes**, it is okay to share our information   __**NO**, please do not share our information with no one.

Group Leader Information
Name: _____
Phone: _____   Fax: _____
E-Mail: _____

Other Contact Information
Name: _____
Phone: _____   Fax: _____
E-Mail: _____

Meeting Information
Meeting Day of Week and Time: _____
Meeting Frequency: __Monthly __Quarterly __Bi-Annually __Annually included on this form.
Election Month (when your regularly elect new officers) _____

Person completing the form _____
*Please make sure that you have the permission of anyone whose personal information is included on this form.

Development Department – Housing and Neighborhoods Division